

**TOWN OF CLINTON SUMMER RECREATION****For Office Use Only****REGISTRATION FORM**Please **PRINT** all informationComplete a separate form for **EACH** child

Date Received: \_\_\_\_\_

Registration Ck #: \_\_\_\_\_ Ck Amount: \_\_\_\_\_

Trip Ck# \_\_\_\_\_ Ck Amount: \_\_\_\_\_

I am signing my child up for: (please **X** the appropriate information below)

\_\_\_\_ (all 4 weeks) \_\_\_\_ (trips only) \_\_\_\_ (6/29-7/2) \_\_\_\_ (7/6-7/10) \_\_\_\_ (7/13-7/17) \_\_\_\_ (7/20-7/24)

Child's Name \_\_\_\_\_

Present Grade \_\_\_\_\_

Address \_\_\_\_\_

**(2014-2015 school year)**

Elementary school attended this past school year \_\_\_\_\_

**Health History**

- Include items important to program management (chronic conditions, seizure activity, respiratory conditions, physical limitations, vision/hearing deficiencies, medication taken regularly, contact lenses, etc.)

**Allergies:** List \_\_\_\_\_

Usual Signs/Symptoms \_\_\_\_\_

Suggested Management \_\_\_\_\_

Clinton Town Recreation Program provides basic first aid. Illness/Injury requiring additional care may result in the following:

1. Parent/Guardian contact to provide further care.
2. First Aid Squad transport to Hunterdon Medical Center for emergency care.

**No medication will be supplied/administered by the Summer Recreation Program.**

Parent/Guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Contact number during Summer Rec. hours: (please include area code)

Mother's Name and Cell # \_\_\_\_\_

Father's Name and Cell # \_\_\_\_\_

**Alternate Contact and Cell #:** \_\_\_\_\_**NEW REQUIREMENT:** Please indicate how your child will be going home. (X on the line)

\_\_\_\_ Daily bus to Glen Gardner

\_\_\_\_ Walker

\_\_\_\_ Daily Pick-up

ANY student being picked up **MUST** be signed out each day. Please print the name of the person(s) who have permission to pick-up your child if other than the mother and father named above: